

1438

number of children born to one woman at a birth, a SEPARATE RETURN must be made for each, and the number of children born to a woman at a birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS.	State Index <u>109</u>
District of <u>Miami-Estado</u>		ORIGINAL CERTIFICATE OF BIRTH.	Co. Register No. <u>233</u>
Town of <u>Miami</u>			Local Registrar's No. _____
City of _____			
FULL NAME OF CHILD <u>Violet Louise Striplin</u>		(No. _____ St. _____ Ward _____)	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Born } YES	Alive } NO
Sex of Child <u>female</u>	Twin, Triplet or other <u>One</u>	and } Number in order of birth _____	Legitimate? <u>Yes</u>
Date of Birth <u>Sept 21</u> 191 <u>2</u>		(Month) (Day) (yr.)	
FATHER		MOTHER	
Full Name <u>William Dodge Striplin</u>		Full Maiden Name <u>Edizafeth Maynard</u>	
Residence <u>Miami Ariz.</u>		Residence <u>Miami Ariz.</u>	
Color or Race <u>Cornishman</u>	Age at last Birthday <u>33</u> (Years)	Color or Race <u>Cornwall</u>	Age at last Birthday <u>33</u> (Years)
Birthplace <u>Cornwall</u>		Birthplace <u>Cornwall</u>	
Occupation <u>Carpenter</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Sept 21</u> 191 <u>2</u> , at <u>7 A.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>B. W. Hardy M.D.</u>	
Given or christian name added from a		(Attending physician, midwife, householder.)	
supplemental report _____ 191 <u>2</u>		Address <u>Miami, Ariz.</u>	
525-421-544		<u>Miami Copper &amp; Co.</u>	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>Sept 25</u> 191 <u>2</u>		A True Copy	
Filed <u>Oct 5</u> 191 <u>2</u>		COUNTY REGISTRAR.	